

Fill in this information to identify the case:

United States Bankruptcy Court for the:

EASTERN District of **NEW YORK**
(State)Case number (if known): Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC

2. All other names debtor used in the last 8 years Absolut Care of Aurora Park

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 20 - 8468266

4. Debtor's address

Principal place of business			Mailing address, if different from principal place of business		
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292 Main Street

Number Street

Number Street

P.O. Box

Aurora ParkNY14052

City

State

ZIP Code

City

State

ZIP Code

Location of principal assets, if different from principal place of business

Cayuga

County

Number Street

City

State

ZIP Code

5. Debtor's website (URL) <https://www.absolutcare.com/>

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____



7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101 (51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6239

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor See Schedule 1 attached hereto Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in this district?

Check all that apply:

☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☒ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated assets

☐ \$0-\$50,000

☐ \$50,001-\$100,000

☐ \$100,001-\$500,000

☐ \$500,001-\$1 million

☒ \$1,000,001-\$10 million

☐ \$10,000,001-\$50 million

☐ \$50,000,001-\$100 million

☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion

☐ \$1,000,000,001-\$10 billion

☐ \$10,000,000,001-\$50 billion

☐ More than \$50 billion

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/10/2019
MM / DD / YYYY

x s/ Michael Wyse
Signature of authorized representative of debtor
Title Chief Restructuring Officer

Michael Wyse
Printed name

18. Signature of attorney

x s/ Schuyler G. Carroll
Signature of attorney for debtor

Date 09/10/2019
MM / DD / YYYY

Schuyler G. Carroll
Printed name

Loeb & Loeb LLP
Firm name

345 Park Avenue
Number Street

New York NY 10154
City State ZIP Code

212-407-4000 scarroll@loeb.com
Contact phone Email address

2511707 NY
Bar number State

SCHEDULE 1

As of today's date, each of the affiliated entities listed below, including the debtor in this chapter 11 case (collectively, the "Debtors"), filed a petition in the United States Bankruptcy Court for the Eastern District of New York for relief under chapter 11 of the Bankruptcy Code.

Contemporaneously with the filing of their petitions, the Debtors filed a motion requesting that the chapter 11 cases of the entities listed below be consolidated for procedural purposes only and jointly administered pursuant to Rule 1015(b) of the Federal Rules of Bankruptcy Procedure.

Entity	EIN
Absolut Facilities Management, LLC	20-8471412
Absolut Center for Nursing and Rehabilitation at Allegany, LLC	20-8467875
Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC	20-8468266
Absolut Center for Nursing and Rehabilitation at Gasport, LLC	20-8468080
Absolut at Orchard Brooke, LLC	20-8471641
Absolut Center for Nursing and Rehabilitation at Orchard Park, LLC	20-8468133
Absolut Center for Nursing and Rehabilitation at Three Rivers, LLC	20-8468133
Absolut Center for Nursing and Rehabilitation at Westfield, LLC	20-8467924

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

www.nye.uscourts.gov

**STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S): Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC **CASE NO.:** _____

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes E.D.N.Y LBR 1073-1 and E.D.N.Y LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☒ **NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.**

☐ **THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:**

1. CASE NO.: _____ **JUDGE:** _____ **DISTRICT/DIVISION:** _____

CASE PENDING: (YES/NO): _____ [If closed] **Date of Closing:** _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE above): _____

- **SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVIDUAL" PART 1 (REAL PROPERTY):**
REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES: _____

- **SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 206A/B - NON-INDIVIDUAL" PART 9 (REAL PROPERTY):** REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES:

2. CASE NO.: _____ **JUDGE:** _____ **DISTRICT/DIVISION:** _____

CASE PENDING: (YES/NO): NO [If closed] **Date of Closing:** _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE above): _____

- **SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVIDUAL" PART 1 (REAL PROPERTY):**
REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES: _____

- **SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 206A/B - NON-INDIVIDUAL" PART 9 (REAL PROPERTY):**
REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES: _____

DISCLOSURE OF RELATED CASES (cont'd)

3. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE PENDING: (YES/NO): _____ [If closed] Date of Closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE above): _____

- SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVIDUAL" PART 1 (REAL PROPERTY):
REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF
RELATED CASES: _____
- SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 206A/B - NON-INDIVIDUAL" PART 9 (REAL
PROPERTY): REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN
SCHEDULE "A/B" OF RELATED CASES:

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y _____

CERTIFICATION (to be signed by pro-se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case pending or pending at any time, except as indicated elsewhere on this form.

Signature of Debtor's Attorney

Signature of Pro-se Debtor/Petitioner

292 Main Street
Mailing Address of Debtor/Petitioner

Aurora Park NY 14052
City, State, Zip Code

Email Address

Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

Fill in this information to identify the case:

Debtor name: **Absolut Facilities Management, LLC, et al.**
 United States Bankruptcy Court for the: Eastern District of New York
 Case number (if known): _____

☐ Check if
 this is an
 amended
 filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims

12/15

A list of creditors holding the 30 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured Claim
1 Affiliates of Arba Group Attn: Ira Smedra 6300 Wilshire Boulevard, Suite 1800 Los Angeles, CA 90048	Affiliates of Arba Group Attn: Ira Smedra PHONE: 323-651-1808 FAX: 323-651-2222 EMAIL: Smedral@thearbgroup.com	Trade	U/D			\$3,155,104.50
2 New York State Department of Health - Office of Health Insurance Programs (Cash Receipts Assessment) Attn: Officer / Director One Commerce Plaza Rm 1432 Albany, NY 12237	New York State Department of Health - Office of Health Insurance Programs (Cash Receipts Assessment) Attn: Officer / Director PHONE: 518-474-7553; 518-474-7553 FAX: 518-473-2802 EMAIL: hfafmail@health.ny.gov; richard.zahnleuter@health.ny.gov	Government - Non Tax	D			\$2,161,000.00
3 Internal Revenue Service Attn: IRS Insolvency Section 2970 Market St Mail Stop 5 Q30 133 Philadelphia, PA 19101-7346	Internal Revenue Service Attn: IRS Insolvency Section PHONE: 800-973-0424 FAX: 855-235-6787 EMAIL:	Tax	U/D			\$1,640,696.00
4 American Plan Administrators Attn: Officer / Director 18 Heyward St Brooklyn, NY 11249	American Plan Administrators Attn: Officer / Director PHONE: 718-625-6300 FAX: 718-834-1256 EMAIL: info@apatpa.com	Trade	U			\$790,000.00
5 Grandview Brokerage Attn: Officer / Director P. O. Box 40317 Brooklyn, NY 11204	Grandview Brokerage Attn: Officer / Director PHONE: 718-333-1155 FAX: 917-534-6087 EMAIL: michael@gvwins.com	Trade	U			\$548,176.33
6 Grandison Management Inc. Attn: Officer / Director 1413 38th St. Brooklyn, NY 11218	Grandison Management Inc. Attn: Officer / Director PHONE: 718-336-6600 FAX: 718-336-6616 EMAIL:	Trade	U			\$488,811.63
7 Clinical Staffing Resources Attn: Officer / Director c/o Wells Fargo Bank, N.A. Boston, MA 02284-2932	Clinical Staffing Resources Attn: Officer / Director PHONE: FAX: EMAIL:	Trade	U			\$445,019.40
8 Trustaff Travel Nurses, LLC Attn: Officer / Director PO Box 63-8231 Cincinnati, OH 45263	Trustaff Travel Nurses, LLC Attn: Officer / Director PHONE: 877-880-0346 FAX: EMAIL: Efield@trustaff.com	Trade	U			\$439,352.35

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured Claim
9	Schwartz Sladkus Reich Greenberg Atlas Attn: Officer / Director 444 Madison Avenue, 6th Floor New York, NY 10022	Schwartz Sladkus Reich Greenberg Atlas Attn: Officer / Director PHONE: 212-743-7000 FAX: 212-743-7001 EMAIL:	Trade	U			\$400,000.00
10	Kaufman Borgeest & Ryan LLP Attn: Officer / Director 120 Broadway New York, NY 10271	Kaufman Borgeest & Ryan LLP Attn: Officer / Director PHONE: 212-980-9600 FAX: 212-980-9291 EMAIL: webinfo@kbrlaw.com	Trade	U			\$381,829.55
11	GuideOne Insurance Attn: Officer / Director c/o Alan Gray LLC 88 Broad Street Boston, MA 02110	GuideOne Insurance Attn: Officer / Director PHONE: 617-426-6255 FAX: 617-695-9084 EMAIL: info@alangray.com	Trade	U			\$375,000.00
12	Preventive Diagnostics, Inc. Attn: Officer / Director 12 Spencer Street Brooklyn, NY 11205	Preventive Diagnostics, Inc. Attn: Officer / Director PHONE: 800-749-9729 FAX: 888-511-9318 EMAIL: orders@pdihealth.com	Trade	U			\$344,937.93
13	Medical Staffing Network Attn: Officer / Director P. O. Box 840292 Dallas, TX 75284-0292	Medical Staffing Network Attn: Officer / Director PHONE: 800-676-8326 FAX: 866-526-2856 EMAIL: laurensmiska@msnhealth.com	Trade	U			\$333,042.18
14	Favorite Healthcare Staffing, Inc. Attn: Officer / Director PO Box 26225 Overland Park, KS 66225	Favorite Healthcare Staffing, Inc. Attn: Officer / Director PHONE: 913-383-9733 FAX: 913-383-9892 EMAIL: Corporate@FavoriteStaffing.com	Trade	U			\$321,156.10
15	American Express Attn: Officer / Director 200 Vesey St New York, NY 10285	American Express Attn: Officer / Director PHONE: 212-640-2000 FAX: 212-619-8942 EMAIL:	Trade	U			\$320,000.00
16	TwinMed Attn: Officer / Director 11333 Greenstone Avenue Santa Fe Springs, CA 90670	TwinMed Attn: Officer / Director PHONE: 877-894-6633 FAX: 323-319-9188 EMAIL: twinmedbilling@twinmed.com ; twinmedpurchasing@twinmed.com	Trade	U			\$301,318.24
17	New York State Department of Taxation and Finance Attn: Office of Counsel Building 9 W A Harriman Campus Albany, NY 12227	New York State Department of Taxation and Finance Attn: Office of Counsel PHONE: 518-485-6027 FAX: EMAIL:	Tax	U/D			\$249,942.00
18	Paterson Healthcare Interior Design Attn: Officer / Director 1167 East 26th St. Brooklyn, NY 11210	Paterson Healthcare Interior Design Attn: Officer / Director PHONE: 718-252-4300 FAX: EMAIL: info@patersonconnect.com	Trade	U			\$236,295.76
19	SolaMed 02, LLC Attn: Officer / Director 5308-13th Ave. Brooklyn, NY 11219	SolaMed 02, LLC Attn: Officer / Director PHONE: FAX: EMAIL:	Trade	U			\$224,566.55
20	Interstate Capital Corporation Attn: Officer / Director Quality Medical Staffing Agency, LLC Dallas, TX 75391-5183	Interstate Capital Corporation Attn: Officer / Director PHONE: FAX: EMAIL:	Trade	U			\$200,211.80
21	Fidelis Attn: Officer / Director PO Box 955502 St Louis, MO 63195-5502	Fidelis Attn: Officer / Director PHONE: 636-922-9252 FAX: 314-754-9165 EMAIL:	Trade	U			\$180,561.45
22	Accountable Healthcare Staffing, Inc Attn: Officer / Director PO Box 732800 Dallas, TX 75373	Accountable Healthcare Staffing, Inc Attn: Officer / Director PHONE: 888-740-4341 FAX: EMAIL:	Trade	U			\$176,040.26

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured Claim
23 Sysco Frozen Foods Attn: Officer / Director 2508 Warners Rd Warners, NY 13164	Sysco Frozen Foods Attn: Officer / Director PHONE: 315-672-7000; 800-736-6000 FAX: EMAIL: info@syr.sysco.com	Trade	U			\$161,032.29
24 Lexington Insurance Company Attn: Officer / Director c/o Global Recovery Services Atlanta, GA 30348-5795	Lexington Insurance Company Attn: Officer / Director PHONE: FAX: EMAIL:	Trade	U			\$150,000.00
25 Harter, Secrest & Emery LLP Attn: Officer / Director 1600 Bausch & Lomb Place Rochester, NY 14604-2711	Harter, Secrest & Emery LLP Attn: Officer / Director PHONE: 585-232-6500 FAX: 585-232-2152 EMAIL: cwittlin@hselaw.com	Services	U			\$142,130.26
26 Allstate Medical Attn: Officer / Director 34 35th St. Bldg. #6 Brooklyn, NY 11232	Allstate Medical Attn: Officer / Director PHONE: 718-369-7100 FAX: 718-369-7274 EMAIL:	Trade	U			\$139,707.77
27 Abe Schonfeld 1146 East 27th Street Brooklyn, NY 11210	Abe Schonfeld PHONE: FAX: EMAIL:	Trade	U			\$131,770.50
28 Crown Energy Services, Inc. Attn: Officer / Director P.O. Box 260 West Seneca, NY 14224-0260	Crown Energy Services, Inc. Attn: Officer / Director PHONE: 716-675-3275 FAX: EMAIL: info@crownergy.com	Trade	U			\$116,656.41
29 Feldman, Kieffer & Herman, LLP Attn: Officer / Director The Dun Bldg. Buffalo, NY 14202	Feldman, Kieffer & Herman, LLP Attn: Officer / Director PHONE: 716-852-5875 FAX: 716-852-4253 EMAIL: info@feldmankieffer.com	Services	U			\$98,019.70
30 MAXIM Healthcare Service Attn: Officer / Director 7227 Lee Deforest Drive Columbia, MD 21046	MAXIM Healthcare Service Attn: Officer / Director PHONE: 704-366-8019; 800-796-2946; 410-677-4900 FAX: 410-910-1600 EMAIL:	Trade	U			\$92,307.17

Fill in this information to identify the case and this filing:

Debtor Name Absolut Facilities Management, LLC

United States Bankruptcy Court for the: Eastern District of New York
State)

Case number (if known): 19-

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/1

5

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration List of Creditors Who Have the 30 Largest Unsecured Claims And Are Not Insiders

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/10/2019
MM/DD/YYYY

x s/ Michael Wyse
Signature of individual signing on behalf of debtor

Michael Wyse
Printed name

Chief Restructuring Officer
Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

	)	Chapter 11
)	
	)	Case No. 19-____()
	)	Case No. 19-____()
In re:	)	Case No. 19-____()
	)	Case No. 19-____()
Absolut Facilities Management, LLC, <i>et al.</i>	)	Case No. 19-____()
	)	Case No. 19-____()
Debtors. ¹	)	Case No. 19-____()
	)	Case No. 19-____()
)	
	)	(Joint Administration Requested)
)	

**CONSOLIDATED CORPORATE OWNERSHIP STATEMENT
PURSUANT TO FEDERAL RULE OF BANKRUPTCY PROCEDURE
1007(a)(1) AND 7007.1 AND E.D.N.Y. LOCAL BANKRUPTCY RULE 1073-3**

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, and Rule 1073-3 of the Local Bankruptcy Rules for the Eastern District of New York, the undersigned authorized officer of the above-captioned debtors and debtors-in-possession (the “**Debtors**”) respectfully represent that the following entities directly or indirectly own 10% or more of any class of the Debtors’ equity interests:

Entity	Ownership
Absolut Facilities Management, LLC	Israel Sherman owns 100% of this entity.

¹ The Debtors in these Chapter 11 Cases, along with the last four digits of each Debtor’s federal tax identification number, are: Absolut Facilities Management, LLC (1412); Absolut Center for Nursing and Rehabilitation at Allegany, LLC (7875); Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC (8266); Absolut Center for Nursing and Rehabilitation at Gasport, LLC (8080); Absolut at Orchard Brooke, LLC (1641); Absolut Center for Nursing and Rehabilitation at Orchard Park, LLC (8300); Absolut Center for Nursing and Rehabilitation at Three Rivers, LLC (8133); and Absolut Center for Nursing and Rehabilitation at Westfield, LLC (7924).

Absolut Center for Nursing and Rehabilitation at Allegany, LLC	Israel Sherman owns 54% of this entity. Absolute Facilities Management, LLC (“AFM”) owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.
Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC	Israel Sherman owns 54% of this entity. AFM owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.
Absolut Center for Nursing and Rehabilitation at Gasport, LLC	Israel Sherman owns 54% of this entity. AFM owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.
Absolut Center for Nursing and Rehabilitation at Orchard Brooke, LLC	Israel Sherman owns 54% of this entity. AFM owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.
Absolut Center for Nursing and Rehabilitation at Orchard Park, LLC	Israel Sherman owns 54% of this entity. AFM owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.
Absolut Center for Nursing and Rehabilitation at Three Rivers, LLC	Israel Sherman owns 54% of this entity. AFM owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.
Absolut Center for Nursing and Rehabilitation at Westfield, LLC	Israel Sherman owns 54% of this entity. AFM owns 45% of this entity. In turn, AFM is 100% owned by Israel Sherman.

Fill in this information to identify the case and this filing:

Debtor Name Absolut Facilities Management, LLC, et al.

United States Bankruptcy Court for the: EASTERN District of NEW YORK
State)

Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/1

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)

☐ *Schedule H: Codebtors* (Official Form 206H)

☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)

☐ Amended Schedule _____

☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)

☒ Other document that requires a declaration

Consolidated Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/10/2019
MM / DD / YYYY

☒ s/ Michael Wyse
Signature of individual signing on behalf of debtor

Michael Wyse
Printed name

Chief Restructuring Officer
Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

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In re:

Chapter 11

Absolut Center for Nursing and Rehabilitation
at Aurora Park, LLC,

Case No. 19-____()

(Joint Administration Requested)

Debtor.

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case:

Name and Address of Interest Holder	Type of Interest Held	Percentage
Israel Sherman c/o Absolut Facilities Management, LLC 255 Warner Avenue Roslyn Heights, NY 11577	Membership Interests	45%
Absolut Facilities Management, LLC 255 Warner Avenue Roslyn Heights, NY 11577	Membership Interest	54%
Samuel Sherman c/o Absolut Facilities Management, LLC 255 Warner Avenue Roslyn Heights, NY 11577	Membership Interest	1%

I, Michael Wyse, the Chief Restructuring Officer of the above-captioned Debtor, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Dated: September 10, 2019

s/ Michael Wyse
Michael Wyse, Chief Restructuring Officer

**ABSOLUT CENTER FOR NURSING AND REHABILITATION
AT AURORA PARK, LLC
A NEW YORK LIMITED LIABILITY COMPANY**

CERTIFICATE OF COMPANY RESOLUTIONS

The undersigned, as the Manager (the “Manager”) of Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC, a New York limited liability company (the “Company”), and the Independent Advisor (the “Advisor”) of the Manager, do hereby certify as follows:

WHEREAS, the Manager consents to the adoption of the resolutions set forth herein by written consent and to the taking of any and all actions by Israel Sherman (“Sherman”), Michael Wyse (the “Chief Restructuring Officer” and, together with Sherman, the “Authorized Officers”), the Company, and the Company’s employees and representatives necessary or appropriate to give effect to such resolutions and directs that this consent be placed in the minutes and records of the Company.

NOW, THEREFORE, BE IT:

RESOLVED, that the Manager and the Advisor have determined that it is in the Company’s best interest for the Company to file for relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”); and

RESOLVED, that the Authorized Officers and the Company’s employees and representatives are authorized to proceed with the preparation and filing of a voluntary petition for relief under chapter 11 of the Bankruptcy Code for the Company, to be filed as and at a time the Authorized Officers deem appropriate; and

RESOLVED, that the law firm of Loeb & Loeb LLP be, and hereby is, retained as attorneys for the Company to advise the Company in connection with its chapter 11 bankruptcy filing, subject to approval (for services rendered after the filing of a bankruptcy petition) of the Bankruptcy Court, and the retention of Loeb & Loeb LLP to perform all services rendered to date in aid of the Company’s prospective chapter 11 filing and otherwise is hereby ratified in all respects; and

RESOLVED, that Prime Clerk LLC be, and hereby is, retained as claims, balloting and noticing agent, subject to approval (for services rendered after the filing of a bankruptcy petition) of the Bankruptcy Court, and the retention of Prime Clerk LLC to perform all services rendered to date in aid of the Companies’ prospective chapter 11 filings and otherwise is hereby ratified in all respects; and

RESOLVED, that the Company is hereby authorized to and approved to enter into a Debtor in Possession financing agreement with ABS DIP LLC as lender, an entity related to and controlled by the Manager, and all documents ancillary thereto (the “DIP Loan Documents”) (such approval to be evidenced by the signature thereon of such Authorized Officer or his designee) after and in connection with the Company’s bankruptcy filing, pursuant to which the Company shall be authorized to borrow money secured by substantially all of the Company’s assets, subject to the terms of the DIP Loan Documents and approval of the Bankruptcy Court; and

RESOLVED, that the Authorized Officers, and any other Company employee or representative (including, without limitation, Loeb & Loeb LLP) designated by the Authorized Officers, is authorized to negotiate with the Company's creditors and prepare and propose the terms of a plan of reorganization or other creditor treatment as he (or his designees) may deem to be feasible and in the best interest of the Company and its creditors; and

RESOLVED, that the Authorized Officers are hereby specifically authorized: (i) to prepare and file (or to have prepared and filed) on behalf of the Company a petition for relief under chapter 11 of the Bankruptcy Code; (ii) to execute on behalf of the Company such petitions, schedules and statements as he may deem necessary or appropriate in connection therewith; and (iii) to execute such further documents and do such further acts as the Authorized Officers may deem necessary or appropriate with respect to the foregoing, or any of the other resolutions set forth herein, including the filing of any petition or motion for relief under any other chapter of the Bankruptcy Code, the execution of any document or the doing of any act by the Authorized Officers or their designees in connection with such proceedings to be conclusively presumed to be authorized; and

RESOLVED, that the Authorized Officers are authorized to authorize and/or direct the filing by Loeb & Loeb LLP of any paper, pleading or other document, or the taking of any other action by Loeb & Loeb LLP, that he may deem necessary or appropriate in connection with the Company's chapter 11 case or restructuring efforts; and

RESOLVED, that the Authorized Officers be, and hereby are, authorized on behalf of the Company to take any and all actions, to execute, deliver, certify, file and/or record and perform any and all documents, agreements, instruments, motions, affidavits, applications for approval or rulings of governmental or regulatory authorities or certificates and to take any and all steps, including the payment of any costs, fees or expenses, deemed by the Authorized Officers to be necessary or desirable to carry out the purposes and intent of each of the foregoing resolutions and to effectuate a successful chapter 11 case; and

RESOLVED, that any and all actions heretofore taken by the Authorized Officers or their designees, including without limitation any Company employee or representative, in the name and on behalf of the Company in furtherance of the purpose and intent of any or all of the foregoing resolutions, be, and hereby are, ratified, confirmed and approved in all respects; and

RESOLVED, that any authority of the Authorized Officers as authorized herein may be exercised and taken by each Authorized Officer, acting without the other.

The undersigned further certifies that the foregoing resolutions are in full force and effect on the date hereof as resolutions duly adopted by the Manager and the Advisor and have been in full force and effect at all times subsequent to their adoption, not having been amended, repealed or modified.

IN WITNESS WHEREOF, the undersigned has executed this certificate as of
September 10, 2019.

MANAGER:

ABSOLUT FACILITIES MANAGEMENT, LLC

By: _____

Name: Israel Sherman

Title: Managing Member

ADVISOR:

DocuSigned by:

William K. Lenhart

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William K. Lenhart

[Signature page to Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC
Certificate of Company Resolutions]

IN WITNESS WHEREOF, the undersigned has executed this certificate as of
September 10, 2019.

MANAGER:

ABSOLUT FACILITIES MANAGEMENT, LLC

By: 

Name: Israel Sherman

Title: Managing Member

ADVISOR:

William K. Lenhart

[Signature page to Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC
Certificate of Company Resolutions]